



**DO NOT SEND THIS FORM TO THE BOARD OF NURSING**

**MAIL THIS FORM WITH THE \$ 15.00 FEE DIRECTLY TO:**

New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

## CRIMINAL RECORD RELEASE AUTHORIZATION FORM

### SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE FOR RECORD: ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other \_\_\_\_\_  
Specify

NH NURSING/NURSING ASSISTANT LICENSE # (IF APPLICABLE): \_\_\_\_\_

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

### SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

**MARGARET J. WALKER NEW HAMPSHIRE BOARD OF NURSING**

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS **21 S. FRUIT ST. STE 16 CONCORD NH 03301**  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Affix Seal)

(Comm Exp.)

*Margaret J. Walker, Executive Director* \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

**NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records**